

US ARMY 91W Transition Training Course Fee Funding Request

(To be submitted with applications and exams to NREMT for EMT, with Invoice to NAEMT for PHTLS, and to AMEDDC&S BTLS Chapter for BTLS)

US Army Course Number: <i>(Required)</i>										Course Dates:			
Course Coordinator:										Phone:			
Course Type: <input type="checkbox"/> NREMT-B <input type="checkbox"/> NREMT-B Bridge <input type="checkbox"/> PHTLS <input type="checkbox"/> BTLS <input type="checkbox"/> Other: _____					PMOS ¹	COMPO ²			1 st Attempt Since 1 OCT 01 ³	Eligible for Army Central Payment of Fees ⁴	Fee Enclosed ⁵		
Rank	Last Name	First Name	MI	SSAN		USA	ARNG	USAR					

1 – (PMOS) Primary MOS. (i.e., 91WY2) / 2 – (COMPO) Component. **USA**-United States Army; **ARNG**-Army National Guard; **USAR**-United States Army Reserve / 3 – **Y** if this is soldier's 1st certification exam since 1 OCT 01 (applies to NREMT, PHTLS, and BTLS separately), **N** if not. / 4 – **Y** or **N** Soldier is eligible if PMOS is **91WY2** and this is the soldier's **first attempt** since 1 Oct 01. If eligible, DO NOT SUMBIT FEE with application

5 – If soldier is ineligible, INCLUDE FEE with application and/or examination.

VALIDATION: I certify the above information has been verified and is correct: _____

Course Coordinator
 Site Code: _____

Date